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AMPUTATION OF THE PENIS.

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[Communicated for the Boston Medical and Surgical Journal.]

THE diseases which render a resort to this horrid mutilation necessary, are generally of such a nature as to leave their unfortunate subjects to choose between their death-like tendencies, and the appalling operation which forms the subject of this article. Notwithstanding the many painful considerations which unite to render such a dismembering one of the most important steps in operative surgery, there are others not less so, connected with the operation itself, because they occasionally involve the safety of the individual, and even life itself is placed in imminent jeopardy by them in some instances.

All surgeons must have experienced some difficulty from the traumatic accidents, which, according to the present modes of operating, occasionally follow amputation of the penis. Hemorrhage, in an especial manner, sometimes presents itself as a most perplexing and troublesome occurrence; indeed, it is to be regarded in every case of such amputation, as a necessary and unavoidable concomitant upon the present modes of operating. The shrinking away and deforming retractions of the member, also essentially embarrass the after-treatment, and add to the perplexities of the surgeon. By the present mode of operating it is impossible to prevent the sudden effusion of blood from the cavernous and spongy textures, as soon as they are divided; and this occurrence greatly adds to the difficulty of restraining the arterial hemorrhage by suddenly converting the penis into a flabby and soft membranous state of the organ, which renders the mouths of the bleeding arteries extremely difficult of access. In despite of the various expedients hitherto employed, much blood is invariably lost during the operation, and sometimes the hemorrhage has actually proved fatal.

The older surgeons, to enable them to guard against hemorrhage in such cases, sometimes removed the diseased portion of the penis by ligature around the organ, and applied so firmly as to intercept the farther supply of blood to the extremity beyond it, with a view of causing its death and separation, by the sloughing process. In this manner the removal of a diseased penis was once effected by the celebrated Ruyesch; but the process being exceedingly tedious and painful, it has not gained favor with surgeons, notwithstanding it received the sanction of Hunter's high authority.

Several other methods of amputating the penis have been adopted and proposed by surgeons; but none of them have furnished the proper guards against the accidents which have been pointed out. The plan recommended by Callisen, an eminent Danish surgeon, unites some valuable agencies, but is nevertheless defective, inasmuch as it does not secure to the surgeon the means for guarding against hemorrhage, and the inconvenient shrinking and retraction of the penis, as soon as the cells of it are cut across. The cautions against drawing the skin back with some force, and the directions to employ a catheter in the urethra, are the only steps in his mode of operating worthy of imitation; and as far as our experience extends, we decidedly approve of, and have adopted, them in our operations, with very inconsiderable modifications of our own. According to Callisen's method, as soon as the circular incision divides the integuments, the corpora cavernosa, corpus spongiosum, and urethra, are to be cut through on a plane with the incision of the skin, by a single stroke of the knife. Some operators advise the drawing (in the direction of the glans), of the integuments, before they are divided, with the design of removing as much of them as possible, under the impression that there will be a superabundance unless this is done, after the division of the cells of the cavernous and spongy textures. Sabatier adopted this practice. His mode of operating is also exceedingly simple: it is effected by a single stroke of the knife, which divides the skin, corpora cavernosa, corpus spongiosum, and urethra, upon the same plane. After these sections are formed, the arteries are to be secured by separate ligatures, and the oozing of blood from the cells of the spongy textures to be restrained by the application of sponge to the surface of the stump, or fine lint, or agaric and styptics. It has also been advised, as a means of restraining the oozing, and at the same time to favor the healing of the stump, to introduce into the urethra a canula or catheter, to cover the surface of the stump with the integuments, and to confine them with adhesive plasters, until adhesion takes place.

These plans are defective; and a mode of operating which will supply the desiderated aid, cannot fail to rob amputation of the penis of much of its danger, and to give to the surgeon the proper control over an operation intrinsically simple and easy of execution.

The sudden collapse of the penis, as soon as its cavernous cells are emptied by the division of the elastic ligament, and the constant tendency of it to retract still farther, as long as the cells effuse blood, will always render the application of the means in the traumatic stage—particularly such as are designed to arrest hemorrhage, and to supply dressings—exceedingly troublesome. In our practice, we have found them so; and the first intimations which directed to the plan of operating we have since adopted, and propose to describe in the sequel of this paper, were presented by a case we treated, and much to our satisfaction, as well as to that of the patient.

Our operation consists of several stages:—1st. The introduction of a canula into the urethra, of a size sufficient to place the canal somewhat upon the stretch, and to extend some distance beyond the point at which the section is to be performed. This canula may consist either

of silver, box, or any other hard substance ; the elastic gum would answer very well, possibly better than any other material, but it would not resist the edge of a sharp knife with sufficient certainty to entitle it to a preference in such an operation. In the next place we advise the skin to be rendered smooth by a very gentle retraction of it, and a circular section of it about three or four lines from the diseased margin of the glans. By a still further retraction of it, the elastic ligament is brought into view, when the third step of the operation is to be accomplished by inserting a strong ligature, well waxed, at points between the corpus spongiosum and corpora cavernosa on opposite sides, and on the dorsum of the penis, a little exterior to the groove, on its most superior aspect ; thus inserted, the ligature resembles the basting-thread of an unfinished garment, with the extremities on the median line of the dorsum. At this point a noose must be formed, by passing the ends of the thread through it often enough to form, when they are drawn, the surgeon's knot. This done, the fourth step of the operation is to be effected, by suddenly and forcibly tightening the noose around the penis, until the arteries and veins are firmly and completely compressed between its grasp and the convex surface of the canula in the urethra. In the execution of this step the ligature must be instantly tightened, or the pain may become insupportable. The force of the compressing noose may now be fixed by the addition of a second knot. Taking care now to examine the situation of the canula, and to know that the extremity within the urethra is considerably beyond the point at which amputation is to be effected, the fifth step of the operation is to be accomplished by a sweep of the knife, similar to the movement performed in the amputation of the limbs, by which the compressed textures are to be divided about two lines anterior to the ligature, and the knife made to cut fairly down to the canula. The excised parts are now to be removed, and may generally be drawn over the projecting portion of the canula. After washing the parts, the canula should be adjusted, and then the superfluous parts of the ligature are to be cut off within three lines of the knot. Thus arranged, it cannot possibly be displaced. In the performance of the section no pain is experienced, nor will there be a drop of blood effused, if the ligature has been properly tightened. The retraction of the penis which attends upon this operation, does not proceed from loss of blood, as it takes place with the commencement of the incision of the skin ; it doubtless proceeds from pain of the parts during the operation, and the mental state necessarily connected with such an operation. Reaction very soon restores the parts to a state of comparative tension and fulness. The skin may now be drawn over the face of the stump quite down to the canula, so as to leave the cut margin in contact with it, in which position it is to be confined by adhesive strips, and a soft, narrow bandage. After the bandage is well secured around the stump, the extremity of the canula must be included in the noose of a strong ligature, well waxed, to prevent its slipping off, and this should be attached to the dressing of the stump, to prevent the dislodging of the canula from the urethra. It will not be necessary to remove the dressing for four days. Should the tube become obstructed,

it may be opened with a probe. When the dressing is removed, if the ligature is found to be loose, it may be cut away; if not, it should remain longer. As soon as the ligature is removed, the canula may be withdrawn for the first time, but must be replaced, and kept in the canal for some weeks, or the orifice may close up, and produce suppression of the urinary flow.

In eight or ten days, by this simple mode of operating, a perfect cure may generally be effected; and if the disease requiring the amputation shall not render the removal of a large portion of the member necessary, it leaves a stump of great neatness to console the unfortunate individual, and will serve all the common purposes of life—even the procreative in some instances.

Our experience in amputation of the penis enables us to state, that extensive cancerous conditions of the glans and prepuce, and of long standing, should not discourage the operation, even when the inguinal glands are enlarged to some extent. These glands may be affected by the irritation of the diseased prepuce or glans penis, and take on the inflammatory action, which results in their enlargement merely as a sympathetic disturbance; or they may become enlarged in consequence of irritation in other and remote parts, accidentally associated with the cancerous affection, and in both cases free from the cancerous irritation. Under such circumstances, amputation might be performed with the certain prospect of successfully arresting and eradicating the disease. It is often the case that cancer of the penis occurs with individuals laboring at the same time under a varicose state of the branches of the saphena, and varicose ulcers on different parts of the corresponding extremity. In such cases, the varicose affections generally precede the cancerous; and they uniformly produce, soon after their occurrence, more or less sympathetic enlargement of the inguinal glands, and before the cancer begins.

Oct. 12, 1837.

MECHANICAL TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE want of success which attends the arduous labors of many of the medical profession in their practical career, arises, in many cases, from a very obvious cause, which they have never been led sufficiently to investigate—that is, by a rigid adherence to formality. We are all aware of the unsuccessful results which oftentimes occur in the daily routine of practice—results, thwarting at once our best directed essays for the removal of some inveterate disease. None of our medicines appear to have the desired effect; in vain we resort to the *materia medica*, till we nearly exhaust every article which seems likely to benefit or relieve. At last some unforeseen event takes place, which puts the patient in an immediate state of convalescence. The result of such a favorable occurrence, impels us to ascribe the cure to the medicine last given, be it what it may. This accounts for the popularity of the celebrated nos-

trums and quack recipes which fill the public journals of the day. These spontaneous results inspire many practitioners with a blind sort of confidence in the worst of cases. They see dreadful forms of disease sometimes get well, while their patients are taking some particular article; but, I fear, they lose sight of the *vis medicatrix naturæ*, whose efficacy often confers an undeserved reputation on almost every article of the *materia medica*. However nature overcomes the disease, it only serves to confirm their prejudice. A preposterous belief in the possibility of discovering some peculiar remedy, calculated for every sort of disease (*nimirile dictu*), for every stage and state of it, has been one of the greatest absurdities which has disgraced the practice of medicine. From idiosyncrasy, one would naturally suppose it would require but little intelligence to discern, that from the same genera, many distinct species arise, varying according to the age, constitution, and habits of the diseased. Therefore it is evident that no single plan of treatment can be invariably right, and productive of happy consequences. Too often the salutary operation of the *vis medicatrix naturæ* has been mistaken for a sort of proof of the good effect of several inert and pernicious remedies. And it has not been properly remembered how many diseases would get well of themselves, nay, how many do actually undergo a cure, notwithstanding all the difficulties created by bad and unskillful practice.

A variety of management is necessary, as exemplified in the different stages of inflammation, ulceration, mortification, &c. If we follow the advice of some writers, we are to dress all wounds the first day with a certain application, the second day with another, and other alterations follow every rising of the sun. But this mechanical and unscientific way of legislating in surgery by the clock or sun dial, is totally inconsistent with every notion I can form of right practice. Whatever degree of credit practitioners may take upon themselves, from such spontaneous results, the majority of such cases, I think, ought to be ascribed to nature. The candid and judicious practitioner should not always think a plan of treatment right, because his patient gets well; for there is an essential difference between a cure promoted by really useful means, and an escape, notwithstanding the employment of unskillful ones. These are important facts to be remembered, in judging of the true merit of any preventive methods of treatment. These mistakes have had as much influence, as credulity, in conferring a temporary reputation upon quackery. Let it, therefore, ever be borne in mind that one plan of treatment will never answer in every case of the same disease, for diseases are greatly modified by circumstances. The judgment is an important faculty to be exercised in discriminating when to vary the *modus operandi* according to the exigencies of the case. All these are important facts, and worthy of consideration. The physician can never be guided in all circumstances by any fixed, invariable rules. He cannot practise one continued round of application, but must conform himself to existing indications. When he does this, he will not so often have cause to regret his ill success, nor be subject to the mortification con-

sequent upon the aggravation of the disease, ab origin, by his remedial means.

I might enlarge upon this interesting theme, but I forbear. A word to the wise is sufficient.

X. Y. Z.

South Venice, N. Y., Oct. 13th, 1837.

OPIUM IN RHEUMATISM—ADDITIONAL OBSERVATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

In the Journal I observe much is said on the subject of opium in the treatment of rheumatism. Allow me to ask one question. Will opium cure a case of rheumatism of fifteen years standing? I have a case of this duration on hand, which I am very anxious to cure.

Opium, as a remedy in rheumatism, has been long known to me, and is a preferred therapeutical agent under certain circumstances. I have employed it about twenty years—first in the form of Dover's powders, which in those days was a fashionable prescription; afterwards, in pills or tinctures; and finally, morphia, &c. &c. But I do not know that I have ever, in a single instance, cured a case of rheumatism by opium. I admit that opium will allay pain and irritation, and that excruciating pang peculiar to this disease, and no doubt it is the best remedy for this particular purpose; but whether opium radically removes the disease, is another question. In my hands I apprehend it never has. The subject above alluded to can always have his pains relieved by opium, morphia or colchicum; or even emetic tartar, &c. And this is all opium can do for him; for he is at this hour, as he was fifteen years ago, unable to move. No treatment or remedy, that I am acquainted with, has been left untried. He has consulted physicians far and near—resorted to quackery and quack remedies, steam doctors, catharticons, steam and vapor baths, springs, electricity, &c. &c., but all to no purpose. A. H.

Cheraw, S. C., Oct. 7th, 1837.

P. S.—I have several other cases of both acute and chronic rheumatism on hand, which I have put upon a course of opium, in order to test it thoroughly.

INDIAN ARROW-WOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in the eighth No. of Vol. XV. of your Journal, a note giving the botanical name of the "Wahoo," or "Indian arrow-wood," referred to by Dr. Fullerton, of Indiana. I thought, at the time, your correspondent, J. C. A., labored under a mistake in regard to the article, but was not at that time sufficiently positive to warrant a correction of it. I should not, perhaps, have thought of it again, but in my botanical excursions this summer and fall, I found the article, called by the above common names in this country, and upon a careful

examination I found my first impression was correct. It is not a viburnum, nor in fact of the same natural family. It is the Euonymus atropurpureus, the natural order Celastrinea of Linnaeus and other authors. I am, however, of the opinion that it is classed wrong. All the specimens I have found, and they are not a few, have only four stamens, a perfectly crucial corol, and a very peculiar quadrangular four-celled capsule. It is put in the fifth class, and first order, in the books. I have no doubt that it may occasionally be found to vary from my specimens; identity, however, is all that is necessary. It is a small shrub, from four to eight feet high, bearing very small, dark-purple flowers, on rather long, slender axillary foot stalks, irregularly interspersed on the main stalk and larger branches, within a foot or two of the tops; rarely, if ever, found on the extremities of either.

The stem has smooth, opposite, square branches; leaves petiolate, oblong lanceolate, acuminate, serrate, pubescent beneath; peduncles divaricate, many flowered. Fruit smooth, bright red.

The bark of the root is thick, and of a light yellow or whitish color, and very bitter.

I wish to add my testimony to the statement of Dr. Fullerton, in regard to its hydragogue cathartic properties; and, still farther, from considerable experience, I can speak with confidence of it as a most valuable remedy in *chronic asthma*. I have used it, in a strong infusion, in some long-standing and exceedingly obstinate cases, with entire success. Its effects are slow, but permanent, and it probably acts, in this disease, by giving tone to the digestive organs and the whole system, and keeping up a regular action of the bowels. It must have been observed by all who have had much experience in this disease, that it is almost invariably accompanied with a furred tongue, and symptoms of general derangement of the digestive organs in particular. And it is from its peculiarly salutary effects in regulating the bowels and giving tone to the digestive apparatus, that I suppose it acts beneficially in this disease; though it may have a more extended action on the system than I have been in the habit of assigning it. At all events, I think it well worthy a place in our *materia medica*, and deserving more extensive experiments than have heretofore been made with it.

I. G. JONES.

Columbus, Ohio, Sept. 19th, 1837.

CREOSOTE IN UTERINE HÆMORRHAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—Creosote appears to me to be preferable to any other medicine now in use in this most frightful complaint, where it takes place from a relaxed state of the vessels after parturition, or at any other time when the system is in a similar state. I have given it in a few cases, and it operated like a charm. I administer it as follows. R. Alcohol dil. 3*i.* creosote gtt. 60. M. take 3*i.* every third hour in a little sweetened water. As soon as the hæmorrhage is arrested, diminish the quantity taken at a time, and give at longer intervals.

This medicine allays nausea, and operates favorably by not retarding the action of the bowels. I have given the same preparation in one case of haemoptysis, and the result was truly flattering.

I make this communication, that others, more favorably situated, may test the efficacy of creosote in these complaints, and be led to give us the result of their practice. I am not now aware that any one has administered creosote in like circumstances. Yours truly,

Truro, Oct. 18th, 1837.

N. J. KNIGHT, M.D.

PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF PURE TANNIN.

The process discovered by M. Pelouze, for the extraction of tannin in a pure state, from the substances containing it, is now familiar to every chemist, and has thus given the physician an opportunity of experimenting with this substance, free from all extraneous combinations. This has been lately done by M. Cavarra, the result of whose experiments we now lay before our readers.

The author commenced by administering this substance to animals. Several large strong dogs were given from two to twelve grains, without any accidents being produced, or any other symptoms occurring, than a most obstinate constipation. Having established, in this manner, that pure tannin possesses no poisonous qualities, M. Cavarra took three pills, each containing two and a half grains, for three successive days. The result was an obstinate attack of constipation, which lasted for eight days, and was only dissipated on the ninth by two drops of croton oil. An exactly similar effect was produced on two other healthy individuals, who took the tannin in the same dose.

It now remained to determine, if possible, in what way tannin produces so powerful an effect on the mucous membrane of the intestinal canal. A dog, in which the maximum of constipation had been attained by giving large doses of tannin, was killed. The intestinal mucous membrane was found to be dry. The faecal matter was extremely hard, and, as it were, parted against the sides of the colon. On examining the surface of the mucous membrane with a strong magnifier, the villosities and their pores were found considerably contracted. From these and several other experiments, the author concludes, that tannin acts chemically on the intestinal mucous surface, in the same way that it acts on the skin of an animal, and produces constipation by the restriction which it causes in the secreting parts or tissues.

The superiority of pure tannin over such substances as contain it in greater or less quantity (*nux. gal.*, &c.), is incontestible. Its relative power is much superior, but experience alone could decide whether pure tannin possessed any medicinal properties or not. The first experiment which the author made, was on a lady who was affected with diarrhoea, of an obstinate nature, for sixteen months. Every kind of treatment, including astringents, had been tried without success. After the administration of five pills, each containing a quarter of a grain, the

diarrhoea completely disappeared, and, in addition, the lady found herself cured of a leucorrhœa, with which she had been affected for the last eighteen years. It is now a year since this lady has been cured, and she continues to enjoy perfect health.

This first experiment proves that tannin acts not only on the mucous membrane with which it is in contact, but also exercises a marked influence on all the mucous membranes of the body. Other cases soon confirmed this conclusion. Thus, a young woman, who was affected with chronic pulmonary catarrh, was cured with six grains, administered in the dose of a quarter of a grain per day. It would be impossible to give an account here of all the cases of diarrhoea, catarrh, &c., which have been cured under the hands of the author by the use of tannin. We shall, therefore, content ourselves by simply transcribing the conclusions to which the experiments of M. Cavarra, with this new medicinal agent, have conducted him.

1st. That pure tannin, by producing a degree of impermeability of the mucous membrane, and also by its action on the nervous system, cures diarrhoea, leucorrhœa, and chronic catarrh.

2d. That its efficacy in hæmoptysis, uterine hæmorrhage, and gonorrhœa, is also well demonstrated. The author reports having cured two old claps, one dating fifteen, the other twenty years.

Tannin may be given in the form of pill, or lavement, or as a draught, and in the dose of from a quarter to two grains, without producing any unpleasant constipation, but its effects must be observed with a little care.—*Bul. Therap.*, March, 1837.

TREATMENT OF EXTENSIVE BURNS AND SCALDS.

[At the close of a report, in the Western Medical Journal, of several cases of scalding by steam, treated in the Cincinnati Hospital, which were occasioned by an accident on board the steamboat Flora, near Cincinnati, the following clinical remarks, by Professor Parker, are given.]

In his practical remarks on the applications appropriate to injuries from caloric, the professor drew a distinction between burns and scalds. A very limited scald and a superficial burn, may be treated in the same manner. A simple emollient or a refrigerant—a bread and water, or an elm bark, or a carrot poultice—or a compress dipped in lead water, will be sufficient, and equally adapted to both cases. It is when the injury is severe, that a necessity for some variety in the topical applications arises. The reduction of the vital powers of the part, in deep burns, is very great, and the dressings from the beginning should be stimulating. It was in cases of this kind, occurring in the mining districts of England, that Mr. Kentish first used his turpentine liniment. Tar is an excellent application to such burns. An emollient poultice should be applied over these stimulant dressings. Early suppuration is the desideratum. If the state of excitement which attends purulent secretion should not arise in time, the part will lose its vitality. Scalds are dangerous in

proportion to their extent. The disease is confined to the skin, which is exquisitely sensible, and brings into sympathy a great number of the vital organs. Bad scalds, therefore, do not require applications so stimulating as those adapted to bad burns. Of every kind of dressings, Professor Parker prefers the liniment of flax seed oil and lime water. It is slightly stimulating, emollient, and calculated to exclude the atmosphere, the action of which on the skin denuded of its cuticle, is always injurious. It is only when the surface changes from a bright to a dark red, indicating passive congestion, with but little tendency to puriform secretion, that the Kentish liniment, and other exciting applications, are required, or even proper. To this remark, however, exceedingly superficial scalds, not amounting to vesication, are an exception; as such are often successfully treated with whiskey and other alcoholic lotions, which seem to introduce a new action into the part. The Professor doubts the propriety of applying liniments of white lead extensively to parts denuded of their cuticle. They may act on the nervous system as poisons. In the granulating stages of scalds, he has a very favorable opinion of lint dipped in cold water; provided it is covered with oiled or varnished silk, to prevent evaporation and exclude the air. It is acceptable to the feelings of the patient, and favorable to early and healthful cicatrization.

Further Remarks by Professor Drake.—At the close of the treatment of these cases, the Professor took occasion to point out to the pupils some of the difficulties attendant on the constitutional treatment of extensive scalds. The nervous function is prostrated; not, however, by a narcotic, but an agent whose ultimate or secondary action is, to produce inflammation and a phlogistic diathesis. Therefore, while the vital powers are greatly reduced, there is a tendency in the central organs to inflammation. This tendency is greatest in the brain. Hence the symptoms of phrenitis, in the patients whose cases have been narrated; and the actual existence, on dissection, of the products of inflammation in the case of S. D. The professor observed, that from the very nature of the injury, such cases would always be liable to a sinister termination. If patients were over stimulated, they would certainly die of acute inflammation—if depleted, they would sink. Depletion could not reach the inflammation, while the prostration of the nervous power continued; and blood-letting was apt to increase and prolong the constitutional irritation, even when it did not occasion death. In this combination of irritation and inflammation, he supposed the best remedy was the compound of opium and tartarized antimony, in a solid form—the latter being used in large doses, after the manner of the Italian physicians. Sometimes full vomiting, followed by an anodyne, is beneficial.

SELECTIONS FROM FOREIGN JOURNALS.

Deformity succeeding Burns of the Arm.—Performing the operation for their removal by a *single* incision cannot remedy this deformity to any great extent, as it will be almost impossible to prevent the cicatrix

from again contracting as the wound heals. The operation I now detail will answer better than either of those proposed by Dupuytren and Mr. Roberts, of Bangor. Make two incisions, so close to the arm and fore-arm as to include a portion of the normal integuments of both. An incision of this description giving to the excised part a triangular form, a good deal of blood necessarily flows, but it is easily restrained by pressure. By this mode the arm is brought immediately to nearly its natural form, and the wound, while healing, is much less disposed to contract. Lint, smeared with a little simple ointment, to the raw surfaces, is to be used, and two fracture splints, on the arm and fore-arm, are to be applied, with moderate pressure. That portion of the treatment on which depends the success of the operation, consists in keeping up a proper extension by suspending from the wrist a weight, of at first one and a half pounds, and increasing the weight as the cure proceeds; at the same time binding at the wrist and top of the shoulder an elastic piece of bamboo band, drawing with a bandage the centre of it towards the bend of the arm; this is of much consequence, as it forms an antagonist power to the flexors, which the patient, to receive temporary relief from the suspended weight, constantly throws into action. Two cases which I treated in this manner have succeeded quite to my satisfaction; one of them, a robust jail prisoner, who received the injury eight years since—the other, a delicate boy, aged 14 years, whose deformity was of four years' standing.—*Dr. Chapman, in the India Medical Journal.*

Caution respecting the Numerical Method.—In 1774 Stoll was appointed to the hospital of the Santa Trinité, and found the register kept by his predecessor during fourteen years. This register indicated each year the general mortality, and the mortality of malignant fever during twelve years. In 1769 the hospital lost in malignant fever, 1 in 3 1-2. In 1772, 1 in 11, the medium being 1 in 7. Referring to such facts as these, at a late meeting of the Academy of Medicine in Paris, M. Bousquet concluded that too much importance should not be given to the minute calculations of medical statistics, lest they should prevent the practitioner from studying the particular case which he is treating.—*London Lancet.*

Dr. Mondiere on Incontinence of Urine.—It has been said that this infirmity generally ceases at puberty, which is by no means the case, though it occasionally disappears in girls when the catamenia comes on. Moral means to cure this complaint are only salutary with idle children; they are totally useless in weakness of the sphincter of the bladder. This complaint cannot always be attributed to general debility, but rather to partial atony of the organs. Tonics cannot, therefore, have much influence on the disease, and we have seldom found a cure from their sole employment. A young lady, with whom it ceased on the day on which the catamenia appeared, had for several years taken wine, meat, and tonic medicaments. However, some tonics and stimulants have proved efficacious. Cantharides may be safely recommended. Dr. Roth has cured it by rhatany; sub-carbonate of iron may also be employed. The patients should drink good wine, mixed with ferruginous

water, and take exercise. Dupuytren was a great advocate for cold baths. Aromatic-plant baths, employed by Lallemand, are preferable to cold baths; at least ten are requisite. We doubt the use of electricity, though it is much lauded. Cupping, blisters, and moxas, on the perineum have been successful; but more advantage is derived from catheterism, which is strongly recommended by Baudelocque. M. Mondière chiefly advises nux vomica, 8 grains of the extract, with a drachm of oxide of iron, in 24 pills, 3 to be taken daily.—*Con. and Brit. M. Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1837.

A TREATISE OF DIGESTION.*

Dr. SWEETSER, of whom mention has heretofore been made in terms of commendation, has laid the community under renewed obligations: he writes on subjects of the highest importance to all classes of people, and in a manner to be perfectly understood. It has been the complaint, since medicine was taught as a science, that physicians have only written for each other; and to render it morally impossible for those not initiated into the mysteries of the craft, to derive wisdom from their literary labors, all the dead languages, it is said, since the confusion of Babel, have been put in requisition, to barricade their arts. When treatises like the one now under consideration, or that on Pulmonary Consumption, by the same author, are presented in the plainest dress, in the vernacular language of the country, and purposely fitted to the meridian of all intelligent persons, it must be acknowledged that, if the complaint was just, a happy revolution has been effected in this respect. But it is no part of our design, in this bibliographic notice, to discourse on the faults of past ages, or to hold up to special admiration the improved condition of our own. That much might be said of both, cannot be questioned; but the next epoch in medicine will produce a revulsion. The fashion of this day will be severely reprobated, because a disposition is manifested to study a little of everything, without becoming thoroughly instructed in anything.

There is nothing to fear, however, from a free dissemination of the laws of life: the more men know of their own organization and the tenure of existence, the less disposed they will be to hazard the loss of that which is infinitely precious. An elementary knowledge of anatomy, physiology, and pathology, is a death-blow to quackery. Nothing would so suddenly and effectually exterminate the entire army of American quacks, as a series of volumes, in the manner of Dr. Sweetser's, widely circulated over our vast republic. Those pests of society—who like leeches draw directly upon the fountain of vitality—flee before the potent energies of a well-taught mind.

* A Treatise on Digestion, and the disorders incident to it, which are comprehended under the term DYSPEPSIA; adapted to general readers. By William Sweetser, M.D., author of a Treatise on Consumption, &c. Boston: T. H. Carter, 1837. 8vo. p. 359.

That Dr. Sweetser does not look to the profession for readers, is evident from the construction of the work, though, we can assure him, they will be amongst the foremost in both patronizing and sustaining him. And we feel safe in predicting its popularity in any country where the English language is spoken. The style is clear and concise—the deductions philosophical, and in strict conformity to the teachings of those who are revered in the schools. While we earnestly recommend its purchase to our brethren, we would with more earnestness urge it upon the multitude. Its influence would be of the best kind—as it speaks plain, common-sense truth in relation to the important subject of health.

In twenty-one chapters, the author treats of nutrition and digestion; mastication and digestion; deglutition; function of the stomach; chylification; passage of the chyle; hunger and thirst; the food of animals and man; also the disorders of digestion. As a whole, though we cannot say that it is strikingly new, yet it is a capitally well-executed treatise.

Practical Instruction in Animal Magnetism.—Part second of the translation of J. P. F. Deleuze, now in progress in Providence, R. I., by T. C. Hartshorn, Esq., has reached the bookstores. When the whole undertaking has been completed, we shall fulfil our design of examining this inexplicable matter in detail, as a medical agent.

Curiosity prompted us to visit Providence, the last week, expressly to have an interview with Miss Brackett, the blind clairvoyant, who sees best, as the Irishman said at the depot, when she cannot see at all! To Mr. Hartshorn, Dr. Capron, Dr. Miller, beside many other gentlemen of that city, we take this opportunity to express our obligation for their polite attentions in facilitating the object of inquiry. When we return from a second examination, which it is proposed to make some ten or twelve days hence, our medical readers will be furnished with the result.

American Medical Library and Intelligencer.—The editor, in the 16th of October Number, reminds us of a mistake occurring in this Journal, some weeks since, in relation to the lectures in the University of Virginia, which were stated to begin in November, and that the professors were the same as last year, “the truth being that the lectures are advertised to commence on the first of September; and that of the three professors of the last session, one has resigned and another died.” We take no offence in being set right in this matter. How the mistake was made, with the prospectus in hand, quite puzzles us:—but so it is, and it gives us pleasure to correct it. Once more, we are told that in speaking of strychnine, we alluded to doses of *one sixteenth of a grain, as too infinitesimal*. On reflection, this strikes us as being of more importance than we at first conceived it to be, and it therefore requires a reconsideration.

Bill of Mortality.—The superintendent of burial grounds has frequently shown us the returns made by some physicians, to his office, which are outrageously at variance with the nomenclature of diseases which was agreed upon by the Medical Association. It will be as difficult to make up the bill of mortality for the year, in December, as it ever has

been, unless those on whom it obviously devolves to correct the evil, are under all circumstances determined to conform to their own proposal to the city government. Mr. Hewes is certainly disposed to co-operate with the profession in presenting a scientific arrangement, but he will have his match, on the very first trial. As he has carefully filed the returns, it would be worth the while, for those who are curious in these matters, to call in and examine some of the chaotic materials, from which the next bill of mortality of the city of Boston is to be constructed.

New York Lying-in Asylum.—A call upon the benevolent people of the city to contribute to that institution, to sustain it, shows very clearly that no permanent funds were originally provided for its existence. The Lying-in Hospital of Boston, long before patients were received, was well located and amply endowed—and as no representation has ever been made to show that it was wanting in anything necessary to carry into successful operation the charitable intention of the founders, it is to be presumed that no call like that now made on the citizens of new York, is likely to be made here.

United States Army Surgeons.—W. L. Wharton has received the commission of Surgeon, from July, vice Dr. Minis, resigned. W. S. King, of Penn., and F. L. Sewall, of Alabama, have been created Assistant Surgeons in the Army, from Oct. 13th.

Lectures on Life.—Mr. Graham is delivering a course of lectures on his favorite subjects, life, health, and longevity, at Clinton Hall, New York, which do not appear to be so well attended as the same kind were in this neighborhood. The complaint that the discourses are individually interminable, is no new excuse for not going to hear them. Mankind are not willing to be dragooned into long life.

Exploring Expedition.—Ample hospital stores have been provided for this interesting voyage to the South Pole. Various kinds of clothing, to meet all sorts of climates, are provided at the expense of government, which are among the most necessary appendages of the medical department. Various antiscorbutics constitute another important item. Dr. Ticknor has had so much experience on the ocean, that, together with the means at his disposal, no fleet has ever been better prepared, medically, for a voyage of discovery.

Naval Surgeons.—A board of naval surgeons, for the examination of assistant surgeons for promotion, and candidates for admission into the navy as assistant surgeons, will be convened in the city of Philadelphia, on the first Monday in December next. The board will consist of Surgeon W. P. C. Barton, President. Surgeons Thomas Harris, Mordecai Morgan, Thomas J. Boyd, and Thomas Dillard, Members.

Health of Mobile.—The Board of Health of Mobile officially announced on the 15th inst. that there were at that time in the city ten or twelve

cases of malignant disease, some of which were evidently yellow fever. The announcement was made to correct exaggerated reports, and to warn strangers against coming to the city to remain any length of time, until cold weather sets in permanently, as most of the cases have originated with those who have been absent during the summer.

Statistics of Health.—It appears that in manhood when one person in one hundred dies annually, two are constantly sick. Calculating from this datum and the yearly mortality of England and Wales, the total number constantly disabled by sickness will be at least 600,000 persons; and if the same proportions be extended to Scotland and Ireland, 1,130,000. Some tables prepared from the facts of the Portsmouth dock yard, give these results:—In the year, one man in six is seriously hurt—two in five fall ill. Each man on an average has an attack of illness, either spontaneous, or caused by external injury, once in every two years; and at an average each disease lasts fourteen days. And from returns from other yards, it would seem that the sick time of the dock-yard laborers is seven to eight per cent. of their life time. The elaborate returns of the East India Company's laborers give a lower proportion.

New Medical Works.—The First Part of a Treatise “On the Nature and Treatment of Diseases of the Heart, with some new views of the Physiology of the Circulation,” by Mr. Wardrop, has just been published, in 8vo., with plates, by Mr. Churchill, London.—Dr. Spillan has just issued “A Manual of Percussion and Auscultation, as employed in the Diagnosis of Diseases of the Chest and Abdomen,” pocket size, published by T. Jones, Aldersgate street, London.

Medical Miscellany.—His grace, the earl marshal of all quacks, and inventor of the *matchless sanative*, Louis Offen Goelicke, talks, it is said, of coming to America!—Whole number of deaths in Mobile during the week, ending Oct. 7th, 35.—Williams, notorious in the annals of charlatanism, after having traversed the Union in one triumphant march of imposition, notwithstanding the warning voice of all editors in the country, has finally returned to New York, to his “own house.”—Mr. Andros is giving exhibitions of animal magnetism in Liberty street, New York, twice a day, for a *moderate fee*.—The British Association was recently in session at Liverpool, at which, an interesting paper was read by Dr. Warren, of this city, on the resemblance between the mound crania of our Western country and the Peruvian crania.—Dr. Patterson has returned from Europe, and will, therefore, be in readiness to commence his lectures at the Jefferson Medical College, when the term opens.—Animal Magnetism is receiving much attention in London at the present time. The Baron Dupotet de Sennevoye has been performing experiments at the University College Hospital, where he has one patient with whom he has been more particularly successful, and who is styled, *par excellence*, the *prima donna* of the magnetic stage. Dr. Elliotson has given a lecture at the same hospital on the subject, part of which we may hereafter insert in the Journal.—The “Library of Useless Knowledge” has just been published in London, which annihilates, it is said, Hahnemann and Homœopathy.—Dr. Mott, of New York, now residing near Paris, is preparing a work on surgery.

Whole number of deaths in Boston, for the week ending Oct. 28, 37. Males, 18—Females, 19.

Consumption, 3—inflammation of the bowels, 9—scrofula, 1—abscess, 1—burn, 1—apoplexy, 1—
inflammation of the stomach, 1—throat distemper, 1—child-bed fever, 2—typhus fever, 4—suicide,
2—scarlatina, 1—peritonitis, 3—inflammation of the brain, 1—ulceration and rupture of the coats of
the stomach, 1—hooping cough, 1—croup, 1—rheumatism, 1—drophy in the head, 1—old age, 1—
quinsy, 1—stillborn, 5.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, BOSTON; DAVID KIMBALL, PORTSMOUTH, N. H.; JOSHUA DUNION, PORTLAND, ME.; JOSEPH BALCH, JR., PROVIDENCE, R. I.; ELISHA EDWARDS, SPRINGFIELD, MASS.; N. S. WORDEN, BRIDGEPORT, CONN.

May 10—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with *PURE VACCINE VIRUS* by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARRE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 5, 1837.

tNov. 1.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery.

Sept. 27.

W. CHANNING, Dem.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.